

CONFIRMATION LETTER

DATE: _____

TO: _____

FROM: _____

RE: CONFIRMATION OF FAMILY AND MEDICAL LEAVE

This is to confirm, pursuant to the Family and Medical Leave Act (FMLA), the designation of your leave as FMLA qualifying beginning with your use of leave at _____ o'clock on _____.

You must first use your available paid leave balances for FMLA leave. Leave without pay (LWOP) will only be granted after you have exhausted your paid leave (annual, sick or straight compensatory balances). If LWOP is used, Youth Services shall continue to pay the employer and employee's share of the insurance premiums, but you will be required to pay back your share of those premiums upon returning to work.